

10 APR -5 AM 10:41

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (In full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Al Franken For Senate 2014

ADDRESS (number and street)

P.O. Box 583144

(Check if address
is changed)

Minneapolis

MN

55458

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

shellinesselroth@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

http://www.alfranken.com

2. DATE

04 01 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas Borman

Signature of Treasurer

TB

Date

04 01 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2009)

10020183215

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

AL FrankenCandidate
Party AffiliationDEMOffice
Sought:

House

☒

Senate

President

State

MN

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser1. _____ FEC ID number C2. _____ FEC ID number C3. _____ FEC ID number C4. _____ FEC ID number C

10020183216

Write or Type Committee Name

AI Franken For Senate 2014

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AI Franken For Senate

Mailing Address

P.O. Box 583144

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Relationship: Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor ☐

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Shelli Hesselroth

Mailing Address

P.O. Box 583144

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Thomas H. Berman

Mailing Address

P.O. Box 583144

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position

Treasurer

Telephone number

10020183217

Full Name of
Designated
Agent

Shelli Hesselroth

Mailing Address

P.O. Box 589144

Minneapolis

CITY

MN

STATE

55458

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

255 2nd Ave. S.

Minneapolis

CITY

MN

STATE

55405

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10020183218

Al Franken
 DEMOCRAT FOR U.S. SENATE ★
 P.O. Box 583144
 Minneapolis, MN 55458-3144



MINNEAPOLIS MN 554
 30 MAR 2010 PM 3 T
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Office of Public Records
 P.O. Box 2517
 Alexandria, VA 22301-0517

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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PREPARER

RD

DATE PREPARED

04-05-10

10020183220

10020183221

